

INSTRUCTIONS FOR PART I, PAGE 1

This form is to be used as a required facesheet for applications submitted for Federal assistance from the Public Telecommunications Facilities Program. It will be used by Federal agencies to obtain applicant certification that States that have established a review and comment procedure in response to Executive Order 12372 and have selected the Program to be included in their process have been given an opportunity to review the applicant's submission.

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| <p>1. Date application submitted to NTIA.</p> <p>2a. Enter "Y" if this is a reactivation of an application deferred in the prior year's grant cycle.</p> <p>2b. Enter the prior year's PTFP application number</p> <p>3. Reserved for PTFP use.</p> <p>3b. Enter "Y" if this is an application for digital television conversion- Broadcast Other category.</p> <p>3c. Enter "Y" if this is a request for multi-year funding- Broadcast Other category.</p> <p>4. Legal name of applicant, name of primary organizational unit that will undertake the activity, complete address of applicant. Please submit a street address, not a P.O. Box number. A box number cannot be used for express mail delivery.</p> | <p>5. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service. The EIN will be redacted prior to disclosure to the public.</p> <p>6. Give the call letters and frequency or channel number of the public radio or television station that is the subject of this application. If the application is for a repeater, a translator, or LPTV, the main station should be entered here.</p> <p>7. Name, title, telephone number and fax number of person to contact on <i>administrative</i> matters related to this application. Space is also provided for entering an E-mail address.</p> <p>8. Name, title, telephone number of person to contact on <i>engineering</i> matters related to this application.</p> |
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9. PTFP is interested in the number of people in the coverage area of the proposed project and the number of people (if any) that will be added to your entity's signal coverage area as a result of the proposed project.
- The Coverage Area should be based on Grade B contours for TV, and 1 mv/m measurements for radio.
- If the number of persons is an increase from current coverage, please explain and document the increase in an Exhibit.
- Use the abbreviations *R* for Radio, *TV* for Television and *NON* for nonbroadcast applications (Nonbroadcast projects include using satellite, Instructional Television Fixed Service (ITFS), fiber, cable, and microwave technologies.
- Currently served by Applicant: All entities currently providing service should indicate the number of people within their current signal coverage: for example, 50,000 *R*, 100,000 *TV*, or 5,000 *NON*
- FIRST service added: Number of people to be served for projects which would provide service to an area with no similar service. *R*, *TV* or *NON* would be considered a separate service : For example, 50,000 *TV* if no similar *TV* service in area
- ADDED SERVICE to those covered by others: Number of people to be served by the project when those people already receive a similar *R*, *TV* or *NON* service. For example, 50,000 *R* if within the 1 mv/m service of another *R* station.
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| <p>10. Enter the number of the Congressional District that includes the applicant's headquarters; <i>this can be only one number.</i></p> <p>11. Enter the numbers of all Congressional Districts in all states that would be reached by the proposed project. If a state has only one Congressional District, enter "1".</p> <p>12. Enter how many months you anticipate needing for completion of the proposed project. Please use six month increments (e.g., 72, 18, 24).</p> <p>13. Applications can be either construction or planning, not both. NTIA uses "construction" in this instance to distinguish projects that purchase and install telecommunications equipment from projects that are only planning.</p> <p>While applications may combine elements of radio and television or have more than one purpose, the PTFP Application Kit contains suggestions for structuring multi-project applications</p> <p>14. Please be comprehensive.</p> <p>15. Indicate here if construction and/or operation of the proposed facility requires a new authorization</p> | <p>from the Federal Communications Commission.</p> <p>16. For construction project applications, line 16a must not exceed 75% of the total on line 16c. Line 16c may include only <i>eligible</i> costs and must be the same as line C-I of the budget form on page 4; it should <u>not</u> include the costs listed in Part III, Section D - Exclusions. On line 16d, show the <i>percentage</i> of the eligible costs (line 16c) requested from the Federal government.</p> <p>17. Indicate whether the applicant is subject to review under Executive Order 12372 and provide the necessary documentation regarding state notification and review.</p> <p>18. This question applies to the organization, not the person who signs as the authorized representative. Categories of debt include, but are not limited to, delinquent audit related debts, loans, and Federal taxes.</p> <p>19. To be signed by the authorized representative of the applicant organization. A copy of its governing body's authorization for the individual to sign this application must be on file in the applicant's office and available for inspection.</p> |
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INSTRUCTIONS FOR PART I. PAGE 2

I

Remarks: Use this space to continue items that do not otherwise fit in their allotted space.

20. Summarize the purpose and objectives of this application in one or two sentences; e.g.

"Anytown University seeks funding assistance to replace the 25-year-old transmitter, antenna, and transmission line of its public radio station."

-Supporting arguments and justifications should NOT be given here.=

21. Enter the appropriate letter in the space provided.

22. Indicate the number of full-time paid employees, part-time paid employees, and volunteers currently on the staff of the organizational unit for which the project is intended. Show also the total hours worked by an average staff member in each category in an average week. Then show comparable numbers projected for when the new facilities are in operation. If this is a planning grant application *for a new facility*, mark "NA".

Indicate the current operating budget, if any, and projected budget for the first year of operation following construction of the proposed facilities. If this is a planning grant application *for a new facility*, mark "NA"

23. Indicate if the applicant currently receives or anticipates receiving financial assistance from the Corporation for Public Broadcasting (CPB).

Indicate whether the facility is or will become a member of the public broadcasting organizations noted, or any others (please specify).

24. If a new FCC authorization is required, provide the following information for each approval required.

- 1) Community of license
- 2) Channel # (e.g. "89.9" for FM, "9" for TV, "A1-A4" for ITFS, "Ku-band" for satellite, etc.)
- 3) File number assigned by the FCC (e.g. BPED010898AB)
- 4) Common name used when referencing the transmission site in other parts of the application (e.g. "Northwest National Forest", "Old McDonald Farm", "Central Broadcasting").
- 5) Indicate by placing a "Y" or "N" in the appropriate space whether the applicant owns or leases the transmission site. If site rights are pending, place a "P" in the appropriate space.

25. Indicate whether funding to support this project has been or will be sought from any other Federal program. This support could include funding to support programming or staff needed to operate the equipment as well as funding for the same equipment requested from PTFP, or funding for other equipment integral for the operation of the PTFP requested equipment. Please provide information about funding from other Federal programs in the Remarks section at the top of the page of, if necessary, an a page attached to page 2 of the form.

26. List all acceptable signals of other public telecommunications facilities of the same type as is the subject of this application. (The applicant is not required to provide exact contours of other stations, only a listing of those stations which can be viewed or heard within the service area of the proposed project.)

TV	If this application is for a television project, list all public TV stations providing an acceptable signal (Grade B signal) within the project's service area.
Radio	If this application is for a radio project, list other public radio stations that provide an acceptable signal (1 mv/m signal) within the project's service area.
Nonbroadcast	If this application is for a non-broadcast television or ITFS project, list all public television stations and ITFS facilities that serve the project's service area.

IF THE SPACE PROVIDED IS NOT ADEQUATE FOR YOUR PROJECT

please continue your answers on plain paper attached after page 2

Non-Construction Submission

1. Date Submitted	2/11/00	2a. Enter "Y" if Reactivation	Y	2b. Old File #	99344	3. For PTFP Use	
4. APPLICANT INFORMATION		3b. Enter "Y" if DTV conversion Conversion	Y	3c. Enter "Y" if multi-year	Y	5. Employer ID # (EIN)	12-1234567

4a. Full Legal Name	Board of Regents of Presidential University			6. Main station that is the subject of the application.			
4b. Abbreviated Name	Presidential University						
4c. Station/ Division	WPRU						
4d. Address Line 1	12 Madison Hall						
4e. Address Line 2	345 Adams Street						
City	Cleveland	County	Jefferson	State	WA	Zip	99999

7. Person to be contacted on administrative matters				Phone # (999) 555-1234	
Enter "Mr", "Ms", "Mrs", "Dr", etc.	First Name	M. I.	Last Name	Jr. etc	Title
Dr.	Chester	A.	Jackson	III	General Manager
E-mail	CJACKSON@wpru.pru.edu			Fax #	(999) 555-1235

6. Person to be contacted on engineering matters		Title	
Enter "Mr", "Ms", "Mrs", "Dr", etc.	Full Name	Chief Engineer	
Mr.	Andrew Monroe		

PROJECT INFORMATION		Engineer Phone	999 555-1236					
9. Estimated number of persons benefiting	10. Single Congressional District of Applicant			11. Other Cong. districts served by project (e.g., PA 1-3, NY 4, 5-9)				
CURRENTLY served by applicant.	900,000	12. Length of Project (# of months)				12		
FIRST service added by proposed facility	255,000	13. Enter letter(s) to classify project						
ADDED SERVICE to those covered by others	100,000	(P) lanning or (C) onstruction				C		
14. Areas affected by Project (Cities, Counties, States, Etc.)	Lincoln, Quincy, Pierce, Grant and Garfield counties		(R)adio or (T)V or (RT) for both				T	
15. Enter "Y" if new FCC authorizations are required		Y		(B)roadcastor (N)onbroadcastor (BN) for both				B

16. ESTIMATED FUNDING (whole dollars, no commas)		17. Is applicant subject to review by Executive Order 12372 Process?		For PTFP Use		
a. Federal Request \$	4000000	00	Enter "Y" or "N" as appropriate	Y	Date submitted for review	2/11/00
b. Applicant Match \$	6000000	00	Enter NO if program not selected for state review			
c. TOTAL \$	10000000	00	18. Is Applicant delinquent on any Federal Debt? Enter YES or NO. If YES, attach explanation.		No	
d. Fed. % of eligible costs	40	%				

19. CERTIFICATION BY AUTHORIZED REPRESENTATIVE		To the best of my knowledge and belief, all data in this application are true and correct. The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurance and the PTFP Rules if the assistance is awarded.			
First Name		M. I.	Last Name	Jr. etc	Title
Dr.	John	G.	Harrison	Jr.	Chair, Board of Regents
Signature of authorized representative		Date signed			

Non-Construction Submission

1. Date
Submitted2a. Enter "Y" if
Reactivation2b. Old
File #3. For PTFP
Use

4. APPLICANT INFORMATION

3b. Enter "Y"
if DTV3c. Enter "Y"
if multi-year5. Employer
ID # (EIN)4a. Full Legal
Name4b. Abbreviated
Name4c. Station/
Division4d. Address
Line 14e. Address
Line 26. Main station that is the subject of the
application.Call
Letters

-TV

-FM (AM)

Channel
(eg. 24,
89.9)

TV

MHz

City

County

State

Zip

7. Person to be contacted on administrative matters

Phone # ()

Enter "Mr",
"Ms", "Mrs",
"Dr", etc.

First Name

M. I.

Last Name

Jr. etc

Title

E-mail

Fax # ()

8. Person to be contacted on engineering matters

Enter "Mr",
"Ms", "Mrs",
"Dr", etc.Full
Name

Title

Engineer
Phone

PROJECT INFORMATION

9. Estimated number of persons benefitting

CURRENTLY served by
applicant.FIRST service added by
proposed facilityADDED SERVICE to those
covered by others10. Single
Congressional
District of
Applicant11. Other Cong.
districts served by
project (e.g., PA
1-3, NY 4, 5-9)12. Length of
Project (# of
months)

13. Enter letter(s) to classify project

(P) lanning or
(C) onstruction(R)adio or (T)V
or (RT) for both(B)roadcast or
(N)onbroadcast or
(BN) for both14. Areas affected by
Project (Cities,
Counties,
States, Etc.)15. Enter "Y" if
new FCC
authorizations
are required

16. ESTIMATED FUNDING (whole dollars, no commas)

a. Federal Request \$

.00

b. Applicant Match \$

.00

c. TOTAL \$

.00

d. Fed. % of eligible costs

%

17. Is applicant subject to review by Executive Order 12372 Process?

Enter "Y"
or "N" as
appropriateDate submitted
for reviewEnter NO if program
not selected for State
review18. Is Applicant delinquent on any Federal Debt?
Enter YES or NO. If YES, attach explanation.

For PTFP Use

19. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurance and the PTFP Rules if the assistance is awarded.

Phone # ()

First Name

M. I.

Last Name

Jr. etc

Title

Signature of authorized
representativeDate
signed

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

REMARKS (continuation of any items from page 1 or this page)

20. Summary of application (Summarize the purposes of the application in a few sentences.)

21. Types of Applicant (Enter appropriate letter in box)

- A. State

B. County

C. Municipal

D. Township

E. Interstate

F. Intermunicipal

G. Special District

H. Independent School District

I. State Controlled Institute of Higher learning
- J. Private University

K. Indian Tribe

L. Individual (NOTE: Not eligible for PTFP funding)

M. Non-profit

O. Other (specify)
-

22. Station
Operations

THIS YEAR

NEXT YEAR IF PROJECT
FUNDED

Full-Time Staff

Part-Time Staff

Volunteers

Operating Budget

Number	Hrs./Wk	Number	Hrs./Wk
\$		\$	

23. Public Broadcasting Affiliations

Enter "Y" if applicant is
currently CPS qualified

If applicant is NOT
currently CPB qualified,
enter "Y" if qualification
is expected.

☐ Check if distance learning
application and therefor Q. 23
Not Applicable

Date of expected qualification

Membership in national public broadcasting organizations.
Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year						
Next year						

24. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section above if necessary or on another page)

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

25. Yes No (circle one) Have you applied to another Federal program for funding, or received Federal funding, for this project?.
Please provide information regarding other Federal funds in the Remarks section above or on another page.

26. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City

Call Letters

City

Call Letters

City

Call Letters

City

Call Letters